

**CLAIMS ONLY**

Application Number

Application Number  
10/696549

**Filing Date**

Applicant(s)

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	1					
2						
3						
4						
5						
6						
7						
8						
9		1				
10		1				
11		1				
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14		1				
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49						
50						
Total Indep	1					
Total Depend	4					
Total Claims	5					

May be used for additional claims or amendments

	Indep	Depend	Indep	Depend	Indep	Depend
51						
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100						
Total Indep						
Total Depend						
Total Claims						